



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

INSTRUCTIONS FOR BUSINESS ENTITY CLAIMS ADJUSTER LICENSE APPLICATION

1. Complete all questions for the Application for Resident and Non-Resident Business Entity Claims Adjuster License (“Business Entity Claims Adjuster License Application”). Check the line(s) of authority for which the Business Entity is applying. **You must have at least one (1) individual licensed Rhode Island Claim Adjuster with the same line(s) of authority requested for the Business Entity.**
2. Fees:
 - ☐ \$50.00 Application fee (first time applicants only)
 - ☐ \$100.00 license fee

Amendment Fee: \$50

Add line(s) of Authority to an existing RI License.

Licenses expire on August 31, 2007 and are based on a two-year (2) license. The license expiration date will not change regardless of when the license is issued.

NOTE: Business entities and individual licenses expire at the same time.

The application fee and license fee must be separate checks.

Checks are made payable to: General Treasurer, State of Rhode Island

NOTE: The Application Fee and License Fee are non-refundable. If an Applicant does not complete the Application process within sixty (60) days, the Department will notify the Applicant by mail. The Applicant will then be required to resubmit a new application, application fee, license fee and other requirements.

3. If the business entity has moved to Rhode Island from another state and it currently has or previously held a Claims Adjuster license in its former resident state, provide a Letter of Clearance from that state.
4. It is the responsibility of the licensee to notify the Insurance Division of all name and/or address changes. All licenses and renewals will be mailed to the applicant’s mailing address.

5. Mail application, fees and all other documentation to:
Department of Business Regulation
Insurance Division
233 Richmond Street, Suite 233
Providence, RI 02903-4233
6. If you have any questions regarding the Claims Adjuster license application or the instructions, please call the Insurance Division at 401-222-2223 or visit our website at www.dbr.state.ri.us .
7. Prior to adjusting, applicants should check the status of his/her/its license on the Department website at www.dbr.state.ri.us.
8. **APPLICANTS ARE ENCOURAGED TO USE THE ELECTRONIC LICENSING PROCESS.** To apply online, applicants should visit www.licenseregistry.com. For questions relating to the online process, applicants should call the National Association of Insurance Commissioners (NAIC) helpdesk at 816-783-8500.

CHECK LIST FOR APPLICATION:

- ☐ Separate checks for application fee and license fee.
- ☐ Complete Business Entity Claims Adjuster License Application.
- ☐ Letter of Clearance, if applicable.

MAIL TO: State of Rhode Island and Providence Plantations
Department of Business Regulation
Insurance Division
233 Richmond Street, Suite 233
Providence, RI 02903

Application for (Resident and Non-Resident) Business Entity Claims Adjuster License

(Please Print or Type)

Check appropriate box for license requested.

☐ NEW APPLICATION

☐ AMENDED APPLICATION

☐ Resident License

**Nonresidents that reside in a reciprocal state are not required to submit a Letter of Certification.
Rhode Island will verify the home state license with PDB/SPLD.*

① Business Entity Name		② Incorporation/Formation Date	③ FEIN -	
④ If assigned, National Producer Number (NP#)		⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.		⑦ State of Domicile	⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>				
⑩ Business Address		⑪ City	⑫ State	⑬ Zip Code
⑭ Phone Number () -		⑮ Fax Number () -	⑯ Business Web Site Address	
⑰ Mailing Address		⑱ P.O. Box	⑲ City	⑳ State
			㉑ Zip Code	㉒ Foreign Country

Designated/Responsible Licensed Producer

㉓ Identify at least one Designated/Responsible Licensed Producer: (See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____

Owners, Partners, Officers and Directors

㉔ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:

Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No

Type of License and Line(s) of Authority Requested			
License Type:	Adj – Business Entity Claims Adjuster		
Lines of Authority: PLEASE CHECK:	CM – Commercial without Workers’ Compensation authority	Pers – Personal	WC - Workers’ Compensation

Background Information	
<p>Ⓐ Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.</p>	
<p>1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment 	<p>Yes ___ No ___</p>
<p>2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No ___</p>
<p>3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	<p>Yes ___ No ___</p>
<p>4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes ___ No ___</p>
<p>5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No ___</p>
<p>6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) certified copies of all relevant documents. 	<p>Yes ___ No ___</p>

Applicants Certification and Attestation

30 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Attachments

31 Prior to mailing, please review the attached instructions and checklist.

**Must be signed by an officer, director, principal
or partner of the business entity:**

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

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